

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14861

State File No.

ED APR 16 1953

BIRTH NO.		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>3036</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence County</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u> c. LENGTH OF STAY (in this place) <u>13 hrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marionville</u> <u>0550</u> d. STREET ADDRESS (If rural, give location) <u>S. Newton</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Blanche</u> c. (Last) <u>Springer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 6, 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>October 9, 1905</u>		9. AGE (In years last birthday) <u>47</u>		10. IF UNDER 1 YEAR Days <u>5</u> Hours <u>28</u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Grinnell, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Lewis Elmer White</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie D. Harvester</u>		14. NAME OF HUSBAND OR WIFE <u>Jonathan Elmer Springer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. J. E. Springer, Marionville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Acute Right Sided Heart failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>During medical procedure held not necessary to come</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>175X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> <u>Apr 6/53</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Reptillary Cystadenoma - ovary - prob. Ca</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Apr 5, 1953</u> to <u>Apr 6, 1953</u> , that I last saw the deceased alive on <u>Apr 6, 1953</u> , and that death occurred at <u>10:00 am</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. McCallum</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1301 Olive St. Marionville, Mo.</u>		23c. DATE SIGNED <u>Apr 7/53</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 9, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marionville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 10, 1953</u>		REGISTRAR'S SIGNATURE <u>Ora Mc Nett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. B. Furridge, Marionville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

896T I AM

VS MAR 1 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Herman Hurridge

Licensed Embalmer No. *3072*

P. O. Address

Marionville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.